



Health CAP



Greeley and Wallace Counties, Kansas

Integrating Behavioral Health Services into the Primary Practice Setting

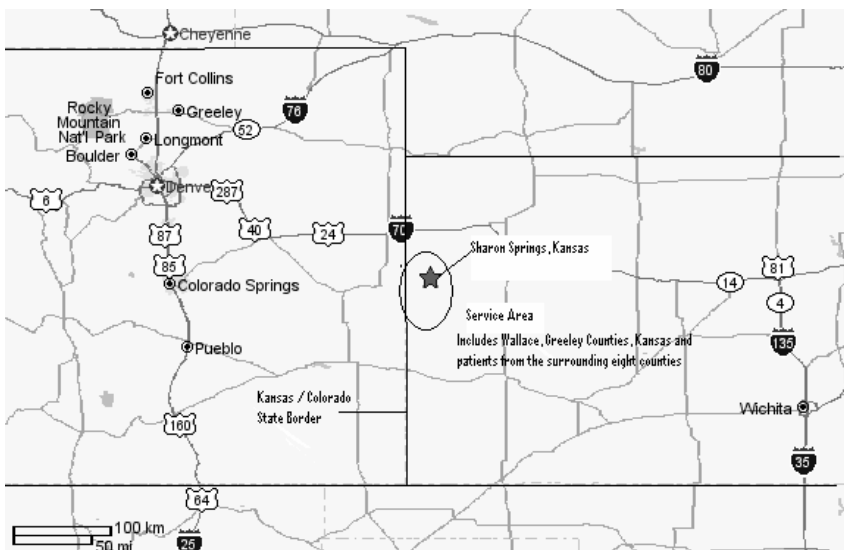
Creating the Reality of Accessible
Primary Behavioral Health Care
Services in Rural, Western
Kansas

Integrate Primary Behavioral Health Care in Western Kansas

Are we nuts?

Who we are

You can't get there from here.



Our Communities

- Our population – Greeley County-1600 residents, Wallace County – 1750 residents
- Practice population is 3600
- Community Dynamics – ag-related business, Co-op, insurance, and implement dealerships
 - The vast majority of residents make their living in one way or another from agriculture
 - Community members very traditional, church-going, community-orientated population, members report a high sense of “social capital” (*Felix and Burdine, 1998*)

Define our population

- 6% uninsured, (*2002 CAP Evaluation, Fonner*)
- 16.35% report self pay (*UDS report, 2002*)
- 42% under the 200% FPL (*County Health Profiles, 1999*)
- 31.65% ages 0-14, 18.96% ages 65 & over (*UDS report, 2002*)
- Prevalence of Disease – Coronary Heart Disease, Stroke and Diabetes
- Risk Factors – Sedentary Lifestyle, Failure to include fruits and vegetables, Work-related accidents / deaths

Community Access Program

....Integrating behavioral healthcare services

- Our vision – bringing the benefits of behavioral health services into the primary care office.
- The benefits – increasing the access to these resources and reducing the stigma associated with traditional mental health care
- The barrier – Very few sites were actively involved with this process.

Why care for this population?

- What affects the mind affects the body affects the person affects the community
- We already are
- According to the American Psychological Association, more than 60% of patients with mental health problems seek treatment with their primary care physicians, and as many as 1 in 5 primary care patients suffer from a treatable mental illness.
- Primary care patients with mental diagnoses-even sub-threshold mental diagnoses-show profound functional impairment. (dcGruy, 2000)

Why care for this population?

(Cont'd)

- Less than 20% of patient visits to primary care physicians are for symptoms with discoverable organic causes and 10% are clearly only psychological in nature. (Kroenke & Mangelsdorff 1989)
- A study of the ten most common physical complaints in primary care revealed that 85% end up with no diagnosable organic etiology during a three year follow-up period. (Kroenke & Mangelsdorff 1989)
- Psychologically distressed patients experience increased physical symptomatology. (Katon et al. 1990)

The Benefits

- A system of care that brings full access to behavioral health resources
- Empowered patients – success stories
- Satisfied primary care providers

Our Challenge

- Creating financial sustainability for a viable system
- Navigating insurance reimbursement
- Fine-tuning the model